

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name California Department of Health Care Services		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1501 Capitol Avenue, Sacramento, CA 95814			
Area Code/Phone Number (916) 440-7418	E-mail brian.hansen@dhcs.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Brian Hansen, Special Assistant to the Director			

2. Donor Name and Address

☐ Individual _____ ☒ Other Center for Health Improvement
 Last Name First Name Name
 1330, 21st Street Sacramento CA 95811-4230
 Address City State Zip Code

A national, independent non-profit organization dedicated to improving population health.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 2/07/10 \$ 2,100 registration fees
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Washington, D.C.

<u>2/7/10-2/9/10</u>	\$ <u>1198.00</u>	\$ <u>1659.14</u>	\$ <u>344.19</u>	\$ <u>36.00</u>	\$ <u>3237.33</u>
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Attend the Academy Health National Health Policy Conference in Washington D.C., which will assist DHCS to complete health policy research to inform its health policy decisions.

Identify the officials for whom the payment was used:

<u>Stevenson</u>	<u>Sharon</u>	<u>Chief Counsel</u>	<u>Office of Legal Services</u>
Last Name	First Name	Title	Department/Division
<u>McGowan</u>	<u>Benjamin</u>	<u>Staff Counsel</u>	<u>Office of Legal Services</u>
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

<u>Brian L. Hansen</u>	<u>Brian L. Hansen</u>	<u>Special Assistant to the Director</u>	<u>3/4/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)